

## **EXHIBIT B**

# ACCOUNT APPLICATION

In this BLUSA International Account Application, you provide the information necessary to open an account with us. If you wish to open both a Personal Account and a Business Account, please use two Account Applications.

☒ NEW ACCOUNT

☐ UPDATE TO EXISTING ACCOUNT

ACCOUNT TITLE ENRIQUE EHRLICH OR

(For Personal Accounts, last name first)

GARA GOLDSTEIN

ACCOUNT NO. [REDACTED]

CC# 5002

HL 101361

## ACCOUNT TYPE

<input checked="" type="checkbox"/> PERSONAL	<input type="checkbox"/> BUSINESS
<input checked="" type="checkbox"/> Check at least one	<input type="checkbox"/> Check at least one
<input checked="" type="checkbox"/> Checking with Interest	<input type="checkbox"/> Checking without Interest
<input type="checkbox"/> Money Market	<input type="checkbox"/> Money Market

IRUGUAY-32603

WILL ACCOUNT BE	YES	NO	PAGES IN ACCOUNT	TERMS	SHOULD WE:	YES	NO	PAGES IN ACCOUNT	TERMS
Joint Account?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3		prepare Account statements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4	
In trust for "account"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2		check policy and monthly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4	
Account designated by number or other words	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	4	quarterly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	
SEND WE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	2	Send with your statement paid checks and memo items	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4	
Should we hold all mail?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	2	ARE YOU APPOINTING AN ATTORNEY IN FACT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	
Verify telephone, fax or facsimile transmission payment orders before execution	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	2		<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	

For personal account, go to page 2

For business account, go to page 6

4/10/01

## INFORMATION AS TO MAIN OWNER

COUNTRY	LAST NAME	FIRST NAME
<u>URUGUAY</u>	<u>ENRIQUE</u>	<u>EHRLICH</u>
STREET	STREET	STREET
<u>IRUGUAY</u>	<u>IRUGUAY</u>	<u>IRUGUAY</u>
COUNTRY	COUNTRY	COUNTRY
<u>URUGUAY</u>	<u>URUGUAY</u>	<u>URUGUAY</u>
HOME TELEPHONE	HOME TELEPHONE	HOME TELEPHONE
<u>005982 7166217</u>	<u>005982 7166217</u>	<u>005982 7166217</u>
MOBILE	FACSIMILE	FACSIMILE
<u>005982 7166217</u>	<u>005982 7166217</u>	<u>005982 7166217</u>
DATE OF BIRTH	DATE OF BIRTH	DATE OF BIRTH
<u>5/11/1949</u>	<u>5/11/1949</u>	<u>5/11/1949</u>
EMPLOYER	EMPLOYER	EMPLOYER
<u>ENRIQUE EHRLICH</u>	<u>ENRIQUE EHRLICH</u>	<u>ENRIQUE EHRLICH</u>
EMPLOYEE ADDRESS	EMPLOYEE ADDRESS	EMPLOYEE ADDRESS
<u>ENRIQUE EHRLICH</u>	<u>ENRIQUE EHRLICH</u>	<u>ENRIQUE EHRLICH</u>
MAILING ADDRESS FOR ACCOUNT INFORMATION	MAILING ADDRESS FOR ACCOUNT INFORMATION	MAILING ADDRESS FOR ACCOUNT INFORMATION
<u>ENRIQUE EHRLICH</u>	<u>ENRIQUE EHRLICH</u>	<u>ENRIQUE EHRLICH</u>
LAST NAME	LAST NAME	LAST NAME
<u>ENRIQUE</u>	<u>ENRIQUE</u>	<u>ENRIQUE</u>
FIRST NAME	FIRST NAME	FIRST NAME
<u>EHRLICH</u>	<u>EHRLICH</u>	<u>EHRLICH</u>
STREET	STREET	STREET
<u>IRUGUAY</u>	<u>IRUGUAY</u>	<u>IRUGUAY</u>
COUNTRY	COUNTRY	COUNTRY
<u>URUGUAY</u>	<u>URUGUAY</u>	<u>URUGUAY</u>

This is a copy of an ID or Passport photo for each owner.

Please print name, street, city, state, zip, and country.

Please print account and mail on front of account card.

# INFORMATION AS TO ADDITIONAL OWNERS

Complete for each additional owner of joint account.

Rule out unused sections.

OWNER 2	LAST NAME	FIRST NAME	MI
	SARA	CORDOVA	
PERMANENT RESIDENCE ADDRESS			
STREET			
CITY			
COUNTRY			
HOME TELEPHONE			
BUSINESS TELEPHONE			
VOICE ( )			
FACSIMILE ( )			
DATE OF BIRTH (M D Y)			
CITIZENSHIP (with national identity number or, if none, Passport number)			
OWNER 3			
LAST NAME			
FIRST NAME			
MI			
PERMANENT RESIDENCE ADDRESS			
STREET			
CITY			
COUNTRY			
HOME TELEPHONE			
BUSINESS TELEPHONE			
VOICE ( )			
FACSIMILE ( )			
DATE OF BIRTH (M D Y)			
CITIZENSHIP (with national identity number or, if none, Passport number)			
OWNER 4			
LAST NAME			
FIRST NAME			
MI			
PERMANENT RESIDENCE ADDRESS			
STREET			
CITY			
COUNTRY			
HOME TELEPHONE			
BUSINESS TELEPHONE			
VOICE ( )			
FACSIMILE ( )			
DATE OF BIRTH (M D Y)			
CITIZENSHIP (with national identity number or, if none, Passport number)			

Attach copy of an ID or Passport Photo  
If not "in trust" for account, go to Customer Agreement page 6.  
If "in trust" for "go to page 4"

# BENEFICIARIES

Complete for each Beneficiary of "in trust for" account  
Rule out unused sections.

1	BENEFICIARY NAME (Last Name)	FIRST NAME	MI
	DANIEL	EHRLICH	
PERMANENT RESIDENCE ADDRESS (Street, City, State, Zip)			
STREET			
CITY			
COUNTRY			
CITIZENSHIP (with National Identity Number or, if none, Passport Number)			
RELATIONSHIP TO PRIMARY OWNER			
DATE OF BIRTH (M D Y)			
2			
BENEFICIARY NAME (Last Name)			
FIRST NAME			
MI			
PERMANENT RESIDENCE ADDRESS (Street, City, State, Zip)			
STREET			
CITY			
COUNTRY			
CITIZENSHIP (with National Identity Number or, if none, Passport Number)			
RELATIONSHIP TO PRIMARY OWNER			
DATE OF BIRTH (M D Y)			
3			
BENEFICIARY NAME (Last Name)			
FIRST NAME			
MI			
PERMANENT RESIDENCE ADDRESS (Street, City, State, Zip)			
STREET			
CITY			
COUNTRY			
CITIZENSHIP (with National Identity Number or, if none, Passport Number)			
RELATIONSHIP TO PRIMARY OWNER			
DATE OF BIRTH (M D Y)			
4			
BENEFICIARY NAME (Last Name)			
FIRST NAME			
MI			
PERMANENT RESIDENCE ADDRESS (Street, City, State, Zip)			
STREET			
CITY			
COUNTRY			
CITIZENSHIP (with National Identity Number or, if none, Passport Number)			
RELATIONSHIP TO PRIMARY OWNER			
DATE OF BIRTH (M D Y)			

Attach copy of an ID or Passport picture for each beneficiary.  
Go to page 6.

1. The Account Owner represents and warrants that all information is true, correct, and complete.
2. The Account Owner confirms receiving a copy of, and agreeing to, the International Account Terms.
3. For purposes of Line 1, "Account Owner" refers to each individual signing this page.
4. Each individual signing this page is authorized to sign singly in transacting all business for this Account unless otherwise specified to the right of the signer.

I UNDERSTAND THAT DEPOSITS MAY BE OPENED IN, AND FINANCIAL ASSETS PURCHASED AND SOLD THROUGH, THE ACCOUNT, EXCEPT FOR DEPOSITS WITH YOUR NEW YORK HEAD OFFICE. I UNDERSTAND THAT DEPOSITS ARE NOT FDIC INSURED. I ALSO UNDERSTAND THAT FINANCIAL ASSETS PURCHASED THROUGH THE ACCOUNT ARE:

- NOT INSURED BY THE FDIC;
- NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, YOU, YOUR AFFILIATES, OR ANY OTHER DEPOSITORY INSTITUTION; AND
- SUBJECT TO INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF THE PRINCIPAL AMOUNT INVESTED

## Rule out unused sections

	LAST NAME	FIRST NAME	MI	SIGNING AUTHORITY
1	<i>Emmanuel</i>	<i>Emmanuel</i>	<i>EL</i>	<input type="radio"/> jointly with No <input type="radio"/> on or with in POA section
	SIGNATURE: X			
2	<i>George</i>	<i>George</i>	<i>MI</i>	<input type="radio"/> jointly with No <input type="radio"/> on this page or with on next page
	SIGNATURE: X			
3	<i>John</i>	<i>John</i>	<i>MI</i>	<input type="radio"/> jointly with No <input type="radio"/> on this page or with on next page
	SIGNATURE: X			
4	<i>John</i>	<i>John</i>	<i>MI</i>	<input type="radio"/> jointly with No <input type="radio"/> on this page or with on next page
	SIGNATURE: X			

Complete if you checked "Yes" to appointing an Attorney-in-Fact. Each Attorney-in-Fact must also sign Attorney-in-Fact Signature Card

	NAME OF ATTORNEY IN FACT (POA)	ADDRESS	TELEPHONE NUMBER	SPECIMEN SIGNATURE X
A				
B				
C				

BUSINESS NAME	
TYPE OF ORGANIZATION (e.g., corporation, unincorporated association)	
ORGANIZED UNDER LAWS OF (country)	
BUSINESS ADDRESS (specify even if you choose "hold mail")	
STREET	CITY
COUNTRY	POSTAL CODE
MAILING ADDRESS FOR ACCOUNT INFORMATION (Do not complete if you choose "hold mail")	
LAST NAME	FIRST NAME
STREET	CITY
COUNTRY	POSTAL CODE
FOR A CORPORATION OR UNINCORPORATED ASSOCIATION, DATE ON WHICH CORPORATE AUTHORITY PROVISIONS (ARTICLE VIII OF THE INTERNATIONAL ACCOUNT TERMS BOOKLET WERE DULY ADOPTED AND APPROVED BY THE BOARD OF DIRECTORS, OTHER GOVERNING BODY, OR, IF NO GOVERNING BODY, THE MEMBERS	
M D Y	



**SUBSTITUTE W-8**  
**CERTIFICATE OF FOREIGN STATUS**  
 For Joint Accounts, each account owner must sign.  
 For Business Accounts, indicate signer's title.

Under penalties of perjury, we certify that  
 For INTEREST PAYMENTS and for DIVIDENDS, we are not U.S. citizens or residents (or we are  
 filing for a foreign corporation, estate or trust)  
 For BROKER TRANSACTIONS, we are Exempt Foreign Persons.\*

1. NAME		COUNTRY		CITY	STATE	POSTAL CODE
SIGNATURE X						
PERMANENT RESIDENCE - ADDRESS						
STREET		COUNTRY	CITY	STATE	POSTAL CODE	
2. NAME		COUNTRY		CITY	STATE	POSTAL CODE
SIGNATURE X						
PERMANENT RESIDENCE - ADDRESS						
STREET		COUNTRY	CITY	STATE	POSTAL CODE	
3. NAME		COUNTRY		CITY	STATE	POSTAL CODE
SIGNATURE X						
PERMANENT RESIDENCE - ADDRESS						
STREET		COUNTRY	CITY	STATE	POSTAL CODE	
4. NAME		COUNTRY		CITY	STATE	POSTAL CODE
SIGNATURE X						
ADDRESS						
STREET		COUNTRY	CITY	STATE	POSTAL CODE	

\*You are an Exempt Foreign person for a calendar year in which (i) you are a nonresident alien individual or a foreign corporation, estate, or trust; (ii) if an individual, you have not been, and plan not to be, present in the United States for a total of 183 days or more during the year; and (iii) you are neither engaged, nor plan to be engaged during the year, in a U.S. trade or business that has effectively connected gains from transactions with a broker or barter exchange.

**KNOW YOUR CUSTOMER PROFILE**

1. Upon whose recommendation is Account Owner opening the Account?

EXISTING CUSTOMER WITH LEUMI

2. Does any Account Owner have a relationship with another bank or depository institution?  
☒ yes ☐ no

If "yes," indicate name and location of the bank or other depository institution:

Name of Bank or Other  
 Depository Institution

Location

LEUMI LATIN AMERICA

HOUSTON TX

3. FOR PERSONAL ACCOUNTS (for each account owner)

OWNER Sholich

a) What is Account Owner's occupation?

4 mos  
GO

b) If retired,

When did Account Owner retire?

What was Account Owner's occupation immediately before retirement?

c) Do others have, or are they expected to have, a beneficial ownership interest in the Account - for example, Account Owner acting as agent for a third party in holding or investing funds in the Account?  
☐ yes ☐ no

If "yes," provide the following information for each person other than Account Owner who is indicated as having a beneficial ownership interest in the Account.

Name:

Address:

Home Telephone:

Business Telephone:

Occupation:

## FOR BUSINESS ACCOUNTS

a. Is the corporation publicly-held? ☐ yes ☐ no

If "no," provide the following information for each of the corporation's primary principals:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_  
 Business Telephone: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Years there: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_

b. Is the corporation substantially engaged in a trade or business other than managing financial assets? ☐ yes ☐ no

If "yes," provide the following information for the corporation:

What is that nature of that trade or business?

Under what name is that trade or business conducted?

What is the primary location at which that trade or business conducted?

Did individual completing this profile personally visit that location? ☐ yes ☐ no

If "yes," (i) when was that?

(date)

(time)

(ii) describe what was observed, including both a brief physical description of premises and activities observed?

a) During the next 12 months, what are the activities Account Owner intends to conduct through the Account? Indicate US dollar volume for each activity:

TIME DEPOSITS	INVESTMENTS
US\$ or US\$ equivalent	<i>US\$ 1.1M</i>

b) Does Account Owner indicate additional funds will be transferred to the Account during the next 12 months? ☐ yes ☐ no  
 If "yes," what activities or circumstances primarily resulted in the acquisition of those funds?

- ☐ Inheritances  
☐ Securities  
☐ Operation of a business  
☐ Real Estate  
☒ Investment activities  
☐ Sale of business  
☐ Other (describe)

1. I met with Account Owner (name) \_\_\_\_\_ or, if  
 a Business Account, Account Owner's principal (name) \_\_\_\_\_  
 on \_\_\_\_\_

2. Such individual provided the above information to me personally;

3. I examined such individual's passport and confirm that the passport photo shows a true likeness;

4. I verified such individual's residence address;

5. Such individual signed the Customer Agreement page in my presence  
 on \_\_\_\_\_ and \_\_\_\_\_

6. I reviewed the Application for completeness.

\_\_\_\_\_  
 Agent or Signature of Rep Officer  
 Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

BLISA Officer

312